FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL |
|---|
| OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response1 |

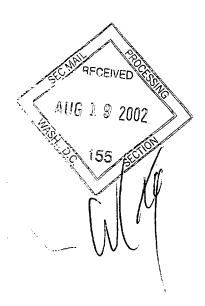
| SEC USE ONLY | | | | |
|--------------|--------|--|--|--|
| Prefix | Serial | | | |
| | | | | |
| DATE RE | CEIVED | | | |
| | | | | |

| Name of Offering (□ check if this is an amendment and name has changed, and indicate change.) Issuance of Membership Interests | | | | | | | | | |
|--|---------------|----------------------|--------------------|-------------------------|--------------------------|--|--|--|--|
| Filing Under (Check box(es) that apply): | Rule 504 | ☐ Rule 505 | □ Rule 506 | ☐ Section 4(6) | ☐ ULOE | | | | |
| Type of Filing: ⊠ New Filing ☐ Am | endment | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | | | | | | | | | |
| 1. Enter the information requested about the | issuer | | | | | | | | |
| Name of Issuer (□ check if this is an amend Dragon Coeur LLC II-E | ment and nan | ne has changed, an | d indicate chang | e.) | | | | | |
| • | | et, City, State, Zij | Code) | | er (Including Area Code) | | | | |
| <pre>c/o Chenery Management Incor 703 Market Street, Suite 120</pre> | | | | (415) 512- | 1213 | | | | |
| San Francisco, CA 94103 | O | | | | | | | | |
| Address of Principal Business Operations (Nu (if different from Executive Offices) | mber and Stre | eet, City, State, Zi | p Code) | Telephone Number | er (Including Area Code) | | | | |
| Brief Description of Business | | | | | | | | | |
| Investment holding company. | | | | | | | | | |
| | | | | | | | | | |
| Type of Business Organization | | | | - | | | | | |
| corporation | ☐ limited pa | artnership, already | formed | ☑ other (please specify |): | | | | |
| □ business trust | | artnership, to be fo | | <u>limited liabi</u> | lity company | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Year | | | | | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | | | | | |
| | | anada; FN for othe | r foreign jurisdie | ction) | DE | | | | |

PROCESSED

AUG 2 3 2002

THOMSON FINANCIAL



GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | | A. BASIC IDENT | IFICATION DATA | · | | | | | |
|---|-------------------|--------------------|---------------------|------------|--|--|--|--|--|
| 2. Enter the information requ | ested for the fol | | | | | | | | |
| • Each promoter of the | | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | | | | | | | | |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: | ☑ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | □ General and/or Managing Partner | | | | |
| Full Name (Last name first, if i | | | | | | | | | |
| Chenery Management | | | | | | | | | |
| Business or Residence Address 703 Market Street, San Francisco, Cal | Suite 12 | 200 | ode) | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if Hahn, Roy | individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, CA 94103 | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if Austin, Larry | individual) | | | | | | | | |
| Business or Residence Address 201 N. Union Stree Alexandria, VA 22 | et, Suite | | ode) | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if Tsai, Bill | individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, CA 94103 | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if Daewoo Corporation | | | | | | | | | |
| Business or Residence Address Daewoo Center, 54 | • | - | | , Korea | 100-714 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | В. П | FORMAT | ION ABO | UT OFFER | RING | | · - ·,· · | | |
|--|---|--------------|--------------|---------------|--------------|--------------|--------------|---------------|--------------|--------------|----------------------|--------------|--------------|
| • | | | | | | | | | | | | Yes | No |
| 1. | Has the | issuer sol | d, or does | the issuer in | ntend to sel | l, to non-ac | credited in | vestors in th | nis offering | · | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | |
| 2. | What is | s the minin | num invest | ment that w | ill be accep | oted from a | ny individua | al? | | | ••••• | \$335 | |
| | | | | | | | | | | | | Yes | No |
| 3. | | | - | nt ownershi | - | | | | | | | | ☒ |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Full | l Name (| Last name | first, if in | dividual) | | | | | , | | | | |
| Bus | iness or | Residence | Address (| Number and | l Street, Ci | ty, State, Z | ip Code) | | | | | | |
| Nar | ne of As | sociated B | roker or D | ealer | _ | | | | | _ | | | |
| Stat | es in W | hich Person | Listed H | as Solicited | or Intends | to Solicit P | urchasers | | | | | | |
| | (Check | "All State | s" or chec | k individual | States) | ••••• | | | ••••• | | | 🗆 | All States |
| | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [L] | [IN] | [IA] | [KS] | [KY] | [LA] [NM] | [ME] | [MD] [NC] | [MA] [ND] | [MI] | [MN] | [MS] | [MO] |
| - | MT] · RIJ | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [UT] | [NY] [VT] | [VA] | [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| Ful | l Name (| (Last name | first, if in | dividual) | _ | | | | | · - | | | |
| Bus | iness or | Residence | Address (| Number and | l Street, Ci | ty, State, Z | ip Code) | | | | - | | |
| Nar | me of As | ssociated B | roker or D | ealer | | | | | | | | | |
| Stat | tes in W | hich Perso | n Listed H | as Solicited | or Intends | to Solicit P | urchasers | | | | | | |
| | (Check | "All State | s" or chec | k individual | States) | ••••• | | | ••••• | | ••••• | | All States |
| [/ | AL) | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | AT] RIJ | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| Ful | l Name | (Last name | first, if in | dividual) | _ | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | All States | | | | |
| [/ | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] [PR] |
| ŧ | RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [1 1/] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U | SE OF PROCES | <u>געי</u> | |
|----|---|---|------------|---|
| ì. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| | Type of Security | Aggregate Offer Price | ing | Amount Already Sold |
| | Debt | \$0 | | \$0 |
| | Equity | \$0 | | \$0 |
| | ☐ Common ☐ Preferred | | | |
| | Convertible Securities (including warrants) | \$0 | | \$0 |
| | Partnership Interests | \$67,006 | | \$67,006 |
| | Other (Specify). | \$0 | | \$0 |
| | Total | \$67,006 | | \$67,006 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investo | ors | Aggregate Dollar Amount of Purchase |
| | Accredited Investors | 2 | | \$67,006 |
| | Non-accredited Investors | 0 | | \$0 |
| | Total (for filings under Rule 504 only) | 0 | | \$0 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | Dollar Amount |
| | Type of Offering | Type of Secur | ity | Sold |
| | Rule 505 | | | \$ |
| | Regulation A | | | \$ |
| | Rule 504 | | | \$ |
| | Total | *************************************** | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | •••••• | | \$0 |
| | Printing and Engraving Costs | *************************************** | | \$0 |
| | Legal Fees | | | \$0 |
| | Accounting Fees | | | \$0 |
| | Engineering Fees | ••••• | | \$0 |
| | Sales Commissions (specify finders' fees separately) | ••••• | | \$0 |
| | Other Expenses (identify) | | | \$0 |
| | Total | | | \$0 |

SEC 1972 (6/02)

| - | C OFFEDING DRICE A | HIMBED OF INVESTORS EVENISES | AND LICE OF PROCESS | DC . | | |
|------|--|--|--|---------------------------|--|--|
| • , | | UMBER OF INVESTORS, EXPENSES | | DS | | |
| | b. Enter the difference between the aggreg and total expenses furnished in response to gross proceeds to the issuer." | \$67,006 | | | | |
| 5. | Indicate below the amount of the adjusted gro to be used for each of the purposes shown known, furnish an estimate and check the bo the payments listed must equal the adjusted response to Part C - Question 4.b above. | n. If the amount for any purpose is not ox to the left of the estimate. The total of | | | | |
| | topone to rait o Queenen no accord | | Payments to Officers, Directors, & Affiliates | Payments to Others | | |
| | Salaries and Fees | | □ \$ | <u> </u> | | |
| | Purchase of real estate | | □ \$ | <u> </u> | | |
| | Purchase, rental or leasing and installati | on of machinery and equipment | <u></u> \$ | □ \$ | | |
| | Construction or leasing of plant building | gs and facilities | □ \$ | <u> </u> | | |
| | Acquisition of other businesses (including this offering that may be used in exchange another issuer pursuant to a merger) | <u> </u> | <u> </u> | | | |
| | Repayment of indebtedness | | □ \$ | □\$ | | |
| | Working capital | | ☑ \$670 | □ \$ | | |
| | Other (specify): Investments | | <u> </u> | ☑ \$66,336 | | |
| | Column Totals | | □ \$ ⊠ \$670 | □ \$ ⊠ \$66,336 | | |
| | Total Payments Listed (column totals ad | lded) | ⊠\$ 67,00 | 06 | | |
| | | D. FEDERAL SIGNATURE | | | | |
| foll | e issuer has duly caused this notice to be sig owing signature constitutes an undertaking by staff, the information furnished by the issuer to | the issuer to furnish to the U.S. Securities a | and Exchange Commission | , upon written request of | | |
| | uer (Print or Type) agon Coeur LLC II-E | Signature | Date December 12, | 2001 | | |
| | Name of Signer (Print or Type) Roy E. Hahn Title of Signer (Print or Type) President of Chenery Management Incorporated | | | | | |

ATTENTION